



2007 Church Volleyball Registration Form

Mt. Vernon Parks and Recreation Department

118 Main Street, Mt. Vernon, IN 47620 Phone: 812.838.3691 Fax: 812.838.8715

Church Name: _____

Manager: _____

Additional contact: _____

Address: _____

Address: _____

City, State Zip _____

City, State Zip _____

Phone: h) _____ w) _____

Phone: h) _____ w) _____

FEES: - Base Team Entry Fee: \$ _____

Rec. # _____

Date _____

- Late Fee: \$ _____

*Games will be played on Tuesday at 1st United Methodist Gym

*Registration Comments:

Please use this space to give the parks Department information regarding the proper league placement of your team including: team skill, competition level desired, schedule conflicts with other teams, or any other information you feel is important in the placement of your team into a league or schedule. **NOTE:** The Parks Department reserves the right to place and/or schedule any team as is deemed necessary to establish fair and balanced leagues. Furthermore, all managers will be notified if there are problems with their registration requests before they are placed into a league or schedule.
